

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10		2		2		
11	1		1			
12	1		1			
13	1		1			
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Total Indep	5		8			
Total Depend	9	←	9	←		←
Total Claims	14		17			

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	Indep	Depend	Indep	Depend	Indep	Depend
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